

# Wisconsin ServicePoint (WISP) Release of Information

When you request or receive services from \_\_\_\_\_ (agency name), we collect information about you and your household and enter it into a computer program called Wisconsin ServicePoint (WISP). This program helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. WISP is used by over one hundred social service agencies throughout the state that provide services to homeless and low-income persons.

**What information is collected?** Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

**What happens to the information collected?**

- Information about you will be shared, on an as needed basis, with other personal who work for this agency.
- With your consent, information collected is shared with other WISP service agencies, but only with authorized persons at these agencies.
- Collectively, data on the homeless population in Wisconsin (but not personal identifying information ) is used in statewide reports on homelessness.

NOTE: WISP uses many security protections to ensure confidentiality and only agencies that use WISP can access this program.

**Why should you agree to have your information shared with other DV agencies that use Wisconsin ServicePoint?**

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and other services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

## **CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION**

All personally identifiable information will **never** be shared outside of this agency, however, WISP system administrators do have the ability to access this information.

You may decide indicate below if any information about you may be shared with other WISP agencies.

☐ Yes, you may share information about me with the other WISP Partner Agencies providing Domestic Violence (DV) and/or Sexual Assault services.

☐ Yes, you may share information about me, but only with the following WISP Partner Agencies:

\_\_\_\_\_

Your release of information authorization is valid for three (3) years from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive. Signing this form does not waive non-disclosure rights.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF AGENCY WITNESS      DATE